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Communications.

OLEUM MORRHUÆ.

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It is not presumable for a moment that there exists a physician in all the world unacquainted with cod oil. However true this is, there is nevertheless a sad neglect of this valuable agent in the treatment of diseases, other than those of a strumous character. Cod oil to day really challenges the admiration of the civilized world, and places itself before enlightened mankind as one of those truly inestimable boons whose value stands unequalled. Though cod oil has become a household word, and the multitude has learned to value it, yet it is only to the medical man that its mighty powers are conceivable, and how few of us fully appreciate them.

Cod oil is both food and medicine. As food, it enriches the blood. As medicine, it corrects abnormal nutrition, guides development, and controls the reparative process. It is more particularly concerning the latter property that I design to speak. This subject is still more important to us from the fact that many of the pathological conditions of tissue might be either prevented from fulfilling their morbid destiny, by arresting the process altogether, or they might be so guided in their progress and course as to be decidedly modified. Is it any stretch of credulity to believe that pulmonary tuberculosis is an unrestrained or unguided physiological neoplasm? Moreover, it cannot now be denied that these pathological neoplasms present all the diversified types of physiological tissue, and hold a more or less close microscopical relation to them. But it is also a known pathological truth, that the most commonly present pathological neoplasms are immitative only of tissue of a low grade of development.

We can thus far see how useful a part the cod oil may be made to bear in the treatment of diseases, especially the moment they begin to show a disposition to be chronic or sub-acute.

Cod oil has the power, I claim, of endowing tissue with vital capacity, to such an extent as to enable the primary elements of tissue to so arrange and maintain their nucleoli as to support a continuous reproduction of like tissue, when there is any tendency to a derangement in reproduction or construction. Let us cast our reflections back to the great fact, that like anatomical similarity of arrangement (I speak of the histological), is not attended with like physiological results. The power of tissue to select from the blood its particular kind of nutriment for its maintenance of life is an established physiological fact. That there may be a change in vital capacity of cell-life itself, while at the same time the blood may be entirely normal, is also a fact. It is here at these primary points of diseased action that I claim for cod oil its superior value. I know that the doctrine enunciated is not such as obtains at present, yet I think that it is easy to illustrate this power of cod oil over the primary nutritive life of tissue.

This power claimed for cod oil is not restricted to any particular tissue. Its power to restore nerve tissue is also claimed. The power of the nerve system over nutrition is but too well known. But we have not paid sufficient attention to the kind of nutritive material we offer as a basis on which the nutritive forces are to work. While we are all absorbed by the idea of nitrogenized elements of nutritive material, we have forgotten that the life forces must be both capacious, and comparatively active, to appropriate them. Yet, on the other hand, we have also refused to accord to the nutritive forces the channels through and by which remedial agents reach pathological conditions and remedy them. Of course it is unnecessary to dwell on the fact at present, that many of those pathological neoplasms are readily cured through the nutritive system.

When we speak of cod oil as a medicine, it is designedly placed at the side of all forms of remedial agents, but occupying the very highest position among them, inasmuch as its influence is not alone limited to function, but extends also to structure, development, construction, and restoration.

Thus we find a man ill of a broken down con-

stitution, and a chronic disease superadded. In questioning him we discover that his ill-health was preceded by trifling bodily disturbances, and when his condition arrived at such a state of annoyance as to drive him to seek medical aid, certain *specific* developments were discovered, which primarily were not otherwise found, but as *results* of the *second* or *third* stages of diseased action. Let us illustrate.

A man, 40 years old, was grievously troubled with constipation, to such an extent as to make his life miserable. He was treated for years by several physicians. At last he began to have a hacking cough, and his case being suspected to be incipient phthisis, he was put upon cod oil. In four months he was free from his cough, and constipation also, and is now as well as ever.

Another case of a different type is here recorded. A young man who had constitutional syphilis, was for a number of years after troubled with that cruel sequel of the disease, viz., specific cutaneous eruptions. He was treated by numbers of physicians, and had consulted some eminent men in Boston and New York to no purpose. He had passed through the eclectic and homœopathic mills also, but the end was the same. In consulting me he related his sad tale, just as it was. I immediately put him upon the cod oil, of which he took a great deal, and in less than a year he was entirely rid of his "confounded companion."

A young lady had hitherto been the victim of intestinal worms for years. The parasites were easily expelled by appropriate means, but soon returned with usual force, and with them all the horrors of "worms." She was put upon cod oil, and in six months was entirely free from her hateful complaint.

I know not in what other light to interpret the *modus operandi* of the above cures than through the nutritive system.

Here is a man whose hepatic system is disordered. We look at his case as one of fatty degeneration of the liver. You say that instead of the legitimate physiological tissue change which usually occurs, there is a fatty deposit in their stead, and now call the case a fatty degeneration of the organ. Now I hold that such pathological changes occur in consequence of a *peculiar dyspepsia*, if I may use the term, of molecular life. Primary tissue has lost force from a peculiar inanition of the primary tissue itself, from a want of certain stimulating influences, which deficiency is nowise primarily in the blood, but is local in the cell-life of the organ itself, and all other pathological conditions are secondary. Also, we

may for a moment turn to the kidney, and allow the mind to dwell on the granular degeneration of that organ, which, as soon as its epithelium is disturbed, either functionally or otherwise, its physiological powers of depuration are at fault. It is only a difference of function, and not a difference of cause, that gives origin to these two sorts of pathological conditions. When we remember that the identity of the nucleoli of tissues of various types is now admitted, we are able, at least, to look toward one and the same point for curative means.

It cannot now be denied that individual cell-life may become impaired, and through contiguity of connective tissue, spread from cell to cell, till an entire organ is involved, and ultimately ruined. But I claim for cod oil the power to arrest this pathological condition, piece by piece, when cure is at all possible, either before a majority of the cells are involved, or when cell-life can be endowed with a superior amount of vital force. But, unfortunately, the primary stages of disease are seldom detected, unless attended with severe symptoms.

I know that any reference to pulmonary consumption is encroaching upon a hackneyed theme, but I cannot refrain from observing how often consumption is treated as a specific disease, and how numerous are its victims, yet, at the same time, how rapidly have the views of pathologists concerning its true character been revolutionized, and what a marvellous uniformity of opinion concerning its treatment has at last prevailed. Yet we are not all at present prepared to acknowledge that the same causes that conspire to produce tuberculosis are also concerned in fatty degeneration of the liver, for the process is the same in a tubercle as in the liver-cell. The process in vital depravity in cell-life is alike in both cases, and the early symptoms are not far apart.

A girl, aged 7, was suddenly attacked with hæmoptysis. No previous pain or illness was complained of, and she continued to lose flesh and relish for food. As soon as I saw her, I put her on cod oil, and kept her for *twenty-three months* under its use steadily. She recovered her flesh and relish for food, and was in excellent health for three years after, when she fell and fractured her left thigh. The shock was too great for her weakened life-forces, and she sunk from irritable fever. Autopsy showed a number of cicatrices, as large as a pin-head up to that of a small pea.

A woman, æt. 40, mother of three children, had been under treatment for ten years, for a nameless disease, a *dyscrasia*. Cod oil was used per-

sistently for three years, when she recovered her health. A year previous to her death, she became notorious for her love of whisky, and fell a victim to that wretched habit. Autopsy showed a fatty degeneration of part only of the liver, while other parts appeared indurated, as if they had formerly been the seat of fatty deposit, which had been removed by absorption. I am certain that this case, when first treated, was really cured of fatty degeneration of the liver.

During fevers of a low type, where assimilation is nearly suspended, in consequence of the amount of vital depression, we find cod oil of no small use, especially in those slow typhus or typhoid fevers. I say we find it of no small use, not because of its immediate absorption and appropriation, but from its capacity to spread over epithelium surface, and by imbibition and molecular penetration to incorporate itself immediately with tissue, and so be appropriated by the lowest condition of cell life. This power of cod oil to rapidly spread over and promptly incorporate itself in the body of the epithelial cells of the villi of the small intestines, has not been sufficiently taken advantage of in the treatment of disease.

But the experiments of MATTEUCI, repeated with pure cod oil, show that this latter is endowed with two most happy properties. First, that it forms an emulsion with far less than 40 parts to the 1000 of water, with caustic potassa; and secondly, that its power to insinuate itself among and over organic structures is greater than is supposed.

I believe that cod oil can and does find its way into the portal circulation, from the mucous membrane of the stomach and intestines, without undergoing the process of primary digestion, more rapidly than that of any other oil. It is known that the blood of the porta contains far more fat than is found in other localities, while the blood of the hepatic vein contains far less fat than that of other veins; all point to the presumable fact that a vast amount of fat is constant in the tissues by their primary histological elements.

A man, *æt.* 46, applied to me for relief from a very troublesome form of headache, which had stubbornly resisted all other treatment for a long time. No matter what view was taken of his case, nor what form of treatment was adopted, his headache still prevailed. His countenance was spare, sharp, and restless, all of which might have been caused from want of sleep, or pain, or both. His pulse 98; breath offensive at times, and he was unable to move about rapidly, from some dyspnœa. He regarded his appetite as being fair, but interstitial emaciation was slowly

going on. The lungs and other thoracic organs showed no evidence of disease. This man was put upon cod oil, which he regularly took for six months, at which time he declared himself entirely well. The plumpness and color of his body returned, his blood was very much richer, and his shortness of breath entirely gone.

This is but another of those cases of impaired nutrition which was leading on slowly toward death. How many such cases do we see every year, and how terrible is our vexation and shame because of our failure in successfully treating them! Thousands of cases of dyspepsia are the result of this derangement in the nutrition of primary tissue, which, unrecognized at first, culminates in that disorder, and I wish to remind my readers how very unsuccessful we often are in our attempts to treat this troublesome affection by the usual routine of drugs, diet, etc.

A man, *æt.* 50, applied to me for relief from irritative dyspepsia. Examination of his urine showed oxalate-of-lime formation. He had been in ill health for eighteen months, and was treated in Chicago and other cities by many men of whom our profession is proud. On taking charge of his case, I was satisfied that I had to do with a case of depraved cellular nutrition, in consequence of an exhausted state of cell life. He took the cod oil for a year, and was entirely cured.

But there are cases where the cod oil demands aids and adjuncts, before we can get its beneficial operation. Thus, a boy, aged 12, whose system was really scrofulous, had taken cod oil for nearly four months, without any good results. I saw him at about this period, and ordered him chlorate of potash in thirty-grain doses, three times a day. He immediately, as by magic, began to improve, and in three weeks was decidedly better, and in two months after, I suspended the oil, and gave the chlorate of potash alone, but was again compelled to resort to the oil in a short time. The boy eventually improved so much as to be in very good health. A young woman, *æt.* 20, was suffering from anasarca from diseased liver. The oil was ordered without experiencing any good effect. Minute doses of podophyllin, 1-20th of a grain, were ordered, and in ten days she began to improve. The mandrake was used afterward, making an infusion by displacement with hot water, then into a syrup with sugar; (3j of the powdered root to twenty-four ounces of boiling water; after displacement is thoroughly effected, the fluid is mixed with enough sugar to make syrup of it; of this, from a teaspoonful to a tablespoonful is taken three times a day.) The above case was one of those old hacks that wor-

ried all concerned for nearly a year, and was as bad as ever when the above treatment was commenced. This case was the result of a severe attack of remittent fever, complicated with dysentery, which latter was epidemic at the time.

A young man, æt. 18, was severely attacked by scarlatina maligna, which resulted in anasarca and albuminous urine. I saw him two months after convalescence from fever, but the dropsy and albuminous urine were still present. He had been under treatment, all the time, by an intelligent practitioner. On seeing him, I ordered the cod oil. At the expiration of twenty days, no change for the better was perceived, and the attending physician proposed to abandon the oil. "Not so," I said; but united it with the bromides of ammonium and potassium, each three grains, three times a day, which combination was continued six months, at which time but a very little albumen was detected. The oil was continued two months longer, and in ten months he was entirely well. This was six years ago. The youth has grown to be a man; and is now the father of a family. When he takes cold, a small appreciable amount of albumen will appear in his urine, for which he takes the oil and bromides, and recovers quickly.

I can cite a score or two of cases of phthisis, in which the oil alone was useless, but when used with other remedies, was of most remarkable advantage. Thus, a woman, æt. 39, mother of five children. She was of spare habit, fine feature, grayish eye, and of slender form. This woman, for eighteen months previously, had cough and expectoration, dulness over apex of right lung, tubular breathing, dulness on percussion. This was a true case of tuberculosis. I put her on the use of the oil for four months, with no good result. I then ordered her *phosphate of lime and iron* with the oil. She began to improve in two months. She continued treatment for a year or more, and is alive now, in pretty fair condition, having passed the turn of life successfully nearly seven years ago. Another woman, æt. 46, complained of like symptoms. The lime and iron failed on her, while a saturated tincture of black cohosh, in forty-drop doses, repeated three times a day, in connection with the oil, answered the end. This case, though not entirely free from pulmonary disease, is in exceedingly comfortable condition. Certain it is, that an increased quantity of lung tissue is not being involved. This woman really holds more than her own.

I have tried many cases of obstinate inter-

mittents with the oil, after quinia, etc. failed, and with marked success.

I shall now refer to a case of diabetes. A female, aged 76, sadly emaciated, with an enlarged abdomen, presenting one of the most singular and grotesque sights to behold, consulted me for her "dropsy." The peritoneal sac was much distended with fluid, her skin was harsh and rough, and she passed from two to three chamber-pots full of urine in twenty-four hours. I examined her urine, and found it loaded with sugar. I immediately ordered her ten grains of citrate of potash, and fifteen of the acetate of potash every four hours, and after three days, put her upon the oil, continuing the aforementioned salts. Three years have now elapsed, and she still takes the oil, but ascites is not present, and her urine is greatly diminished in quantity, and contains but little sugar. Her health is much improved.

The power of cod oil to stimulate the forces of elementary molecular life, endow it with a higher histogenic type, and supply a blastema from which repair and restoration can be readily effected, is unequaled by any other article in the materia medica. I wish not to be understood as claiming for it a superiority in all conditions of pathological action, but only in those cases in which it seems we need an agent that can be introduced at once into close proximity to elementary tissue, without any great effort of the life forces, and supply the weakened or degenerating tissues with an element susceptible of being easily and readily appropriated for the nutrition and support of cell-growth and function. The intercellular molecules thereby are supplied with material that can, in a great measure, forthwith be appropriated.

Thus, a man of middle age had syphilis several times, but at no time was he entirely cured. I was consulted by him on account of the dyscrasia syphilitica, which made him a miserable, wretched being. He had been under treatment for it for a long time, and had taken all manner of tonics, alteratives, restoratives, etc., cod oil among the rest. When I saw him, he had a dozen sores upon his body; his throat was also sore and painful; his bones ached, and were nody; his joints were sore, tender, and swollen. His skin marked him among mankind. He was emaciated, withered, and looked like one who was hunted down by haunting spirits.

After evacuating his bowels slowly with sulphate of soda for three days, I ordered him opii pulv. gr. iss., to be repeated three times daily for two weeks, in conjunction with the cod oil,

in teaspoonful doses every six hours; to each dose of oil I ordered ten grains of bi-carbonate of potassium, in two ounces of water, which formed a soap. At the expiration of that time (two weeks) the opium was stopped, and the following ordered:

R. Potass. bi-carb.,	ʒij.
Potass. acet.,	ʒss.
Aquæ puræ,	f.ʒiv.

Ft. mist. A teaspoonful to be taken six times a day. Cod oil, a tablespoonful three times a day. This was continued four weeks, when he was ordered ten grs. chlorate of potash three times a day. Continue the cod oil, and stop the potash mixture. He continued the chlorate of potash and cod oil four months longer, and then the cod oil alone for a year more, occasionally taking chlorate of potash, gr. x., and acetate of potash, ʒss., three or four times a day for a week. It is now nearly eight years since this man first came under treatment, and at this moment he is as much different as can be imagined. There is no doubt that the syphilitic poison is eradicated, or, in other words, the tissues pathologically involved have been renewed, and a more perfect life force is now in being. The devitalized syphilitic poison has been eliminated, and the tissues are histologically perfect, or nearly so. To conclude, I say that there is no remedy that can restore and invigorate the digestive powers as cod oil. The rationale is obvious.

THE USE OF QUININE IN TRAUMATIC TETANUS.

By H. L. BYRD, M. D.,

Of Baltimore, Md.

The following, one of three cases, will serve to illustrate the value and importance of applying remedies in accordance with their established therapeutic action in certain conditions of the system, where temporary advantage only could be hoped for from their administration, but by which we may, nevertheless, in many instances, secure valuable time for reflection, or the use of more efficient agents while the system may be under their influence. No one at the present time, would be likely to rely exclusively upon either opium or quinine, in a case of traumatic tetanus, and yet one of them at least, was found to act most efficiently in the following case, fulfilling most clearly its recognized action upon the system, and the indications for which it was prescribed. This case will also show the importance to be derived from *treating symptoms*, at least, until the source, or cause of mischief can be eradicated or removed.

Case. While in charge of a military hospital in Mobile, Ala., during the winter of 1863-4, a young soldier was admitted, who had received a wound from a minnie ball passing through one of his feet a few hours before. The ball entered the bottom of the foot, at or near the articulation of the astragalus, with the other adjacent bones of the tarsus, and passed out at or near the instep. The wound was made at short range, and was just such an one as might be expected in that situation from such a projectile. He was very anxious to save his leg, and after he was "chloroformed," and the loose and shattered spiculæ and fragments removed, it was decided to give him the advantages of *conservative surgery*. The case was treated in the usual way, and went on well for some days, and the wound had been suppurating and granulating freely, in some parts, when suddenly one night his jaws stiffened, and the flexor muscles became spasmed.

The surgeon in charge of this ward being absent from the house, the nurse came to my quarters for instructions in the case. From his description of the condition of the patient, I was fearful tetanus had supervened, and on reaching him about 1 o'clock, A. M., I found but too truly my apprehensions verified, as he was then in a most violent and protracted tetanic paroxysm. No time was lost in applying hot anodyne and alkaline fomentations to the entire foot and ankle, and as soon as he could swallow, two teaspoonfuls of laudanum was given. I resolved to render the prognosis as favorable as possible, and to treat symptoms, upon general principles, as they might arise.

The spasms were found to recur at intervals of about ten minutes, and to last from one half to three or four minutes. An ounce of sulph. magnesia, and half an ounce of camphor water, in a quart of warm water, were gently pumped into the bowels during the interval of the spasm. The enema was returned in about half an hour, with considerable fecal matter. Poultices were directed to be kept applied as warm as possible, and covered with oiled cloth, and two teaspoonfuls of laudanum given every half hour, until rest or sleep was procured.

On visiting him about 9 o'clock the following morning, I learned that he had dozed a few times, and then but for a few moments only, notwithstanding he had taken two ounces of laudanum.

On inspection the wound presented a pale exsanguine aspect, and the suppuration had disappeared. The spasms were about the same. Directed the continuance of the poultices, and a

teaspoonful of laudanum every hour until he rests, or until the intervals between the paroxysms increase. Called at 1, P. M. Had taken two ounces more of laudanum, and had rested but very little; the intervals of the paroxysms remaining about the same, and but little, if any abatement in their violence. I decided to give quinine, with a hope of obtaining its antiperiodic and sedative effects upon the nervous system, and prescribed ten grains, with a teaspoonful of laudanum, to be repeated every two hours. At 8, P. M., I visited him again, and found he had taken thirty grains of sulphate of quinine, and had slept several times between the paroxysms, and their intervals had been increased to near half an hour.

Continue poultices; give five grains of quinine, and a teaspoonful of laudanum, every two hours, when awake, but not to awaken him at any time.

I saw patient again at 8 o'clock next morning. Had probably slept as much as three hours during the night, at intervals of from twenty to thirty minutes. Paroxysms did not recur oftener than from half an hour to an hour, but they were very severe, and more protracted. Wound still white, and apparently bloodless, with no indication of return of suppuration; and as *quinineism* was fully established, and little more benefit could be expected from its further use, I decided to amputate his leg during one of the intervals between the spasms.

Assisted by Prof. J. C. NOTT, of Mobile, Surgeon HENDERSON, formerly of the British Army, and Assistant Surgeon ARMSTRONG, of my Hospital Staff, and several other medical officers, the patient was "chloroformed," and I amputated his leg at the lower third, in the manner detailed at page 409, No. 20, of the current volume of the REPORTER.

Prof. NOTT kindly compressed the main arterial trunk, and there was consequently but very little loss of blood. The patient had a slight tetanic movement about the conclusion of the operation. The quinine and laudanum treatment was continued, in diminished doses, merely to keep up the quinine impression upon the system, for twenty-four hours, and then discontinued entirely. The patient was placed under the intelligent care of Surgeon ARMSTRONG, who conducted it to an early and satisfactory termination.

The skin, pulse, bowels, and kidneys, presented no marked departures from what is usually observed in cases of traumatic tetanus, and hence, required no mention in the general statement of the case.

I would remark that the laudanum was known to be good, as it had produced its characteristic effects in several cases, prior and subsequently to its use in that just related. In two very severe cases of traumatic tetanus treated subsequently, and which resulted favorably after amputation, morphia was substituted for laudanum, in half grain doses, every half hour, until sleep was induced, after which the quinine was found to act promptly, as in the first case, *i. e.*, as soon as *quinineism* was effected,—increasing the length of time between the paroxysms in each, to an extent sufficient to allow of amputation being performed without the use of chloroform, which was not accessible. It is proper to remark that the knife was esteemed the *dernier* resort in all the cases, as the patients were being worn down by the severe and protracted spasms, notwithstanding the action of the quinine.

ANGINA PECTORIS.

By JAMES B. BURNET, M. D.,

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Among the many frightful diseases, or symptoms of disease, that the physician is called upon to combat and to overcome, few are more terrible than angina pectoris. It is a disease to which much attention has been given, and concerning which much has been written, but it is still veiled in much obscurity. What, then, is this disease that we so much dread to meet, and that makes even the boldest shudder?

Let us briefly consider it in its various parts: 1st, its history and symptoms; 2d, its pathology, and the various hypotheses concerning it; 3d, its diagnosis; 4th, its prognosis; and 5th, its treatment, with some general remarks upon the disease.

1st. *Its History and Symptoms.* In 1768, the celebrated Dr. HEBERDEN first accurately described this truly formidable affection. What had been written previously to that time, upon this subject, was altogether obscure. He first called it a "disorder of the breast," and thought, that from its seat, together with the strangling sensation and great anguish with which it is accompanied, with great propriety the name might be applied to it of *angina pectoris*, a pressing together or strangling of the breast, from the Greek verb, "ἄγχω," "to strangle or press tight." The following are its symptoms: The person is suddenly seized, especially while walking up an acclivity, in the face of a strong wind, or on a full stomach, (although he may be seized under many far different circumstances,) with most agonizing pains in the præcordial region, radiating to the

right side, back under the left scapula, and to the spinal column, and down the left arm, generally as far as the insertion of the deltoid muscle, or the termination of the nerve of WRISBERG. At the same time an unutterable anguish and sense of speedy dissolution, unless quickly relieved, comes upon the unfortunate sufferer, and he grasps the nearest object for support. He feels that to stir is death. In rare instances, the pain has invaded all the extremities, has even reached to the jaws and temples, and Dr. WALSH mentions, as a very unusual occurrence, numbness of the testes. The pain appears sometimes to follow the course of the nerves of the suffering part, and is occasionally accompanied by extra sensibility of the surface of the skin, especially if the affected one be a female. Complete rest is always required. The sufferer is afraid to take a full breath, such is his fear of increasing his suffering. Dyspnoea is not generally present. At times, the heart acts with much violence and irregularity, but it is not always so. The countenance is pale, anxious, sometimes livid and terrible to behold, and the body bathed in a cold perspiration. The pulse, during the paroxysms, is oftentimes unnaturally slow. The mind remains clear. The paroxysms may depart as suddenly as they have made their appearance, and after a few minutes' rest, the sufferer may rise from his seat, and proceed on his way, feeling as well as before the attack. These attacks may consist of merely a few sharp pains, but unfortunately, it is, as a rule, far otherwise. Greater agony, oftentimes it is almost, if not altogether impossible for man to endure. The suffering may be over in a very few minutes, or on the other hand, may exist for several hours. Although attacks have occurred, and then departed forever, it is altogether probable that one attack will be followed by others. Although these attacks are for the most part apparently brought on by muscular exercise, mental excitement, or some movement of the body, still they may make their unwelcome appearance when body and mind are alike at rest. The last case that we have had an opportunity of witnessing, occurred at night, while the patient was quietly enjoying peaceful slumbers. Some have imagined that dreams brought on their attacks. In some terrible cases, coughing even, or the effort of defecation, will produce an attack. The pain, at times, is referred entirely to the sternum, or to the pit of the stomach.

Having thus considered some of the more prominent symptoms of this strange and curious disease, let us see what they mean, and this will

lead us to the second division of our subject namely:

2d. *Its Pathology, and the Various Hypotheses concerning it.* Angina pectoris is almost invariably an indication of some variety of cardiac disease, although there are apparent exceptions to this statement. Some of the most celebrated practitioners have placed on record instances in which, after death from this disease, nothing abnormal could be discovered in the heart, aorta, or any organ. Professor A. L. LOOMIS, of the New York University Medical College, relates a case under his own observation, in which the patient suffered repeated attacks of angina pectoris, and finally died in one of them, and yet at the post mortem examination, after the most careful scrutiny, nothing whatever abnormal could be discovered. The older writers imagined that ossification of the coronary arteries of the heart was the true cause of this disease. Dr. JENNER's idea was, that when the circulation was accelerated, the muscular tissue of the heart could not be properly supplied with blood through these constricted and calcareous vessels, and hence the patient, during the attack, is at the point of fainting, and oftentimes does pass into fatal syncope. But this theory could not stand, for in but a small proportion of cases of angina pectoris are the arteries found ossified, and moreover, the arteries have been found to be ossified, and yet no angina has ever occurred. Sir JOHN FORBES publishes an account of forty-five cases of this disease, in which some variety of cardiac disease was discovered after death in forty-three. Dr. FOTHERGILL considered fatty degeneration of the heart one of the surest accompaniments of angina pectoris, and Dr. WATSON also leans toward this opinion. In a patient recently under our own notice, suffering from attacks of angina pectoris, the diagnosis was made of fatty degeneration of the heart. Dr. WATSON thinks that the symptoms are due to over-distension of the diseased heart, which has not the power to expel from its cavities the accumulated blood. He thinks that this view is sustained by the ready relief which stimulants will often give during an attack, and says that the pains experienced when the intestines are over-distended with gas in colics, may be pointed to as an analogous case. Dr. LATHAM agrees with Dr. HEBERDEN, in considering angina pectoris as a true spasm of the heart, a purely vital affection, where there can be discovered no organic disease. Dr. HEBERDEN gives the following reasons for his belief:

"1st. It comes suddenly, and goes suddenly.

"2d. It has long and complete intermissions.

"3d. Wine and spirituous drinks, and opium, afford great relief.

"4th. It is increased by mental agitation.

"5th. It exists for years, without other injury of the health.

"6th. At first it is not excited by exercise in a carriage or on horseback, as is usually the case with scirrhus or inflammation, (organic disease.)

"7th. The pulse is not quickened in the very paroxysm.

"8th. The paroxysm attacks some after their first sleep, a frequent event in diseases which proceed from spasm."

By the side of these conclusions of one celebrated writer, let us place the deductions of another, elicited from his own observations of the disease. BELLINGHAM, who says that what dyspnoea is to the lungs, angina seems to be to the heart, and that angina pectoris might be called a "dyspnoea of the heart," has put on record the following conclusions:

"1st. That angina pectoris is to be regarded as a symptom of disease of the heart, not as a distinct affection.

"2d. That it does not occur, except where organic disease of the heart, generally of long standing, exists.

"3d. That its connection with spasm or neuralgia is doubtful.

"4th. That its probable cause lies in impediment to the coronary circulation, particularly to the return of the blood by the coronary veins.

"5th. That the diseased states of the heart in which it is most liable to ensue, are a condition of the aortic valves permitting free regurgitation, with a rigid dilated state of the ascending portion of the arch of the aorta, combined with either dilatation of the cavity, or attenuation or softening of the parietes of the left ventricle.

"6th. That even in these diseased states, angina may not occur, unless the heart's action is suddenly disturbed, or its movements are clogged or impeded by some mechanical cause."

From the cases that have come directly under his own observation, Dr. AUSTIN FLINT thinks that diseases of the aorta or of the aortic orifice are more constantly present than any others. Some call this disease a "neuralgia of the heart," but this, to say the least, is rather ambiguous. Others attribute it to simple weakness of the heart, but such hypotheses rest on very slight foundations.

Such are some of the most prominent opinions concerning the cause of this curious and interesting disease. What are we to believe from such a multiplicity of views? Simply this, that angina

pectoris depends upon cardiac disease, but upon no one particular variety of this disease, as yet ascertained, and that it is altogether probable that some particular abnormal condition exists in every case, the nature and anatomical peculiarities of which have not yet been discovered.

3d. *Its Diagnosis.* To one who is conversant with the actions of this disease, its diagnosis is generally perfectly easy. Its suddenness of approach and of departure, the agonizing radiating pains, the sense of impending death, the pain-stamped countenance, the fear of the slightest movement, the constriction of the chest—and especially if previous cardiac disease has been ascertained—all combine to point out to the physician the nature of the affection with which he has to deal. Still there are several affections with which he may confound it, unless proper care be exercised.

Paroxysms of cardiac asthma, sometimes occurring in the course of cardiac disease, present for their chief features, great difficulty of breathing, so that the sufferer constantly and restlessly changes his position, in the hope of obtaining more air, with which to relieve his suffering, and does not dread death every moment, but looks forward to coming relief. It does not present the abruptness, either of approach or of termination that angina pectoris does, and by these various symptoms, so different from angina, we are enabled to make the differential diagnosis between the two.

Intercostal neuralgia can be diagnosed by finding circumscribed tenderness upon pressure in the intercostal spaces, on the sides of the vertebral column posteriorly, at the lateral parts of the thorax, and anteriorly near the median line—and thus not be confounded with angina pectoris, even in its greatest severity. *Certain neuralgic pains of the chest* sometimes simulate true angina, but generally we can discover their origin in hysteria, anæmia, dyspepsia, and analogous affections, and as they lack the suddenness of true angina, and its terrible anguish, and principally present merely functional disturbance of the heart's action, we shall not generally be long at a loss to trace them to their proper source. Such are called cases of pseudo-angina, and do not present the peculiarities of true angina as respects age, sex, and several other particulars. Occasionally in organic disease of the heart, *neuralgic pains* will occur, not presenting the features of true angina, but they are not marked, and are of rare occurrence. Dr. CORRIGAN attributes painful paroxysms resembling angina-pectoris, in some cases to *acute aortitis*, but this,

it is well known, is one of the rarest of affections, and one that cannot be diagnosed with the least degree of certainty. It has been said that the pains of *severe pleurisy* might be confounded with those of *angina pectoris*, but this is not at all probable. Thus, by careful exclusion of various affections, we can almost invariably come to a correct diagnosis when this disease presents itself to our notice.

4th. *Its Prognosis.* The prognosis of this formidable affection is altogether unfavorable. Oftentimes the first attack will carry the unfortunate sufferer to the grave. Dr. LATHAM, in his interesting treatise on Diseases of the Heart, gives a full and graphic account of the death of a previously apparently perfectly healthy individual in less than three hours from the time of seizure, and of another even more rapidly fatal case, in which the patient, in the full vigor of health and strength, rose from the dinner table, with a strange feeling in the præcordial region, placed himself upon the sofa, and in less than an hour was found a corpse. It is altogether probable that in cases like these, the heart's action is arrested by spasm or paralysis, and death necessarily ensues. It is not always so rapidly fatal however, for sometimes the affection will continue at varied intervals for years, and the first attack may never be repeated, but this is too rare hardly to be hoped for. After the first paroxysm, others are to be looked for, more speedily in their intervals, more severe in character, and longer in duration. And yet, notwithstanding our fears, it is our duty to encourage our patients thus afflicted with all reasonable hope that theirs may be exceptional cases to the general rule, and to "give the prisoner the benefit of the doubt."

5th.—*Its Treatment.* Angina pectoris resolves itself into two parts, namely, 1st. The treatment during the paroxysm, and 2d, The treatment during the interval between the paroxysms.

1st. *The treatment during the paroxysm.* An attack of angina pectoris may be said to consist of two distinct symptoms—the *sense of impending death* and the *pain*, and these both require distinct treatment. The sense of sinking requires some diffusible stimulant, and although many preparations have been recommended, nothing has been found to act more advantageously than æther, ammonia, and brandy. HOFFMAN'S anodyne is highly lauded by WATSON and other physicians of note. For the pain, almost all seem agreed that opium is the "*remedium principale*." Laudanum, and the aqueous solutions are preferable to the solid form of the drug on account of their

more speedy action. It must be given in doses proportionate to the severity of the attack. Some prefer placing a grain of morphia upon the tongue of the patient, and some place reliance upon belladonna, hyoseyamus and prussic acid. At the same time hot fomentations and sinapisms should be applied over the præcordial region, and stimulating pediluvia employed.

Professor LOOMIS has often seen great relief obtained from belladonna plasters over the heart. Professor FLINT remarks that the severest case that has ever come under his notice was relieved by the inhalation of chloroform. Some of these remedies, found recommended in all of the prominent text-books upon this subject, are too slow in their action, and others are dangerous and should never be employed. What treatment can we find then equally prompt and safe, and fully competent to give the sufferer relief in this his hour of bitter agony? Professor JOHN T. METCALFE, late of the New York University Medical College, in lecturing upon this subject, strenuously advocates the hypodermic injection of MAGENDIE'S solution of morphia, during an attack of angina pectoris. This at once recommends itself to our common sense, for it is simple in its execution, prompt in its action, and not nearly so likely to offend the stomach; nor can it be thrown off, and thus its beneficial effect lost, as is the case with several of the other prominent remedies. It has been extensively used by himself, in this as well as in various other painful disorders, with eminent success. In this institution also, (Bellevue Hospital) it has ever given the most universal satisfaction. The dose to be commenced with is from 5 to 10 drops, and this is to be repeated in a few minutes if relief is not apparent, but almost invariably the first injection is all sufficient. It is immaterial in what part of the body it is injected. My own practice is to inject it under the skin of the arm.

2d. *The Treatment during the Interval between the Paroxysms.* All exciting causes, both physical and mental, and everything calculated to bring on an attack, must be carefully avoided. Experience is a severe instructor oftentimes, but a very useful one, and the person subject to these attacks, soon learns from what he should abstain. The passions are hard to be restrained, however, and sometimes those who have carefully kept themselves from every kind of food, and from every kind of exercise, calculated to do harm, are betrayed into a sudden fit of anger, and pay the penalty of the outbreak with their life. Thus was it with the great JOHN HUNTER. By carefully watching oneself, and abstaining

diligently from all things likely to harm, an attack may be long warded off. If in a patient subject to these attacks, we can discover any disease of the heart, or indeed, of any internal viscus, this, of course, will require its own proper treatment. We should strive in our treatment to preserve a just equilibrium, as it were, in the circulation, neither allowing the patient to run into plethora or anæmia, but combating either with its own proper remedy. The patient should abstain from all excesses, either in eating or drinking, venereal pleasures, muscular exertion, or mental effort.

In this disease, as we cannot hope to effect a cure, we must endeavor with all our power to ward off further attacks. As flatulence seems to aggravate it, it should speedily be overcome. The diet must be carefully regulated. In some cases, according to the constitution of the patient, a plainer diet than ordinary is required, and we are obliged to reduce the bounties of his table; and in others, wine, iron, and animal food must be insisted upon. We must carefully watch every symptom. On account of the close sympathy existing between the heart and stomach, mere dyspepsia has apparently been the sole cause of the paroxysms, so that this again is another indication for treatment. Thus by great care and strict watching, we may ward off an attack for a long time. But on the other hand, in spite of all our efforts, notwithstanding all our anxious care, as in some other diseases, attack will follow attack, the patient will sink and die, and the physician, with sadness, sees his best efforts put forth in vain. . .

Angina pectoris is not as common a disease as many are led to suppose, from some descriptions and accounts of it. Dr. FLINT remarks that only seven cases occurred, out of over one hundred and fifty cases where organic cardiac disease was present. It occurs much more frequently among males than among females, and much more frequently in persons over than under fifty years of age. Dr. FORBES says, "The majority of subjects of angina belong to that class of persons who are enabled to indulge in full living, without the necessity of undergoing severe bodily labor. Gout and obesity are frequently met with in these persons, but the very tendency of the disease is toward plethora, as active employments generally have to be given up."

. . . And this is angina pectoris, the dreaded disease. It is particularly interesting, because obscure. We are yet in much doubt as to the true origin of this singular affection. As yet we can but conjecture. Ours will be the pleasant

task patiently to investigate; ours to study the strange phenomena; ours, mayhap, to ascertain the truth.

VESICO-VAGINAL FISTULA: Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Concluded, from page 415.)

(Reported by Dr. Andrews, Resident Physician.)

Case 17. M. S., æt. 38 years, a native of Ireland, was admitted into the Pennsylvania Hospital, February 13th, 1866, suffering with vesico-vaginal fistula. She was a woman of good habits, but living in a miserable house, in the vicinity of one of our suburban towns. The accident happened with her fifth child; was delivered with instruments, after being in labor two days. Presentation, head. In her former labors she had experienced no trouble. The fistula, on examination, proved to be longitudinal, and quite two inches and a half in length. The tissues appeared healthy. After a few days of preparation, consisting in regulating the diet and opening the bowels, the operation for her cure was performed by Dr. AGNEW, in presence of Drs. HUNT, MORRIS, and the Resident physicians of the hospital. The patient being under the influence of ether, the edges were extensively pared, and fourteen silver stitches inserted, which were secured by the shot-clamp; the approximation being effected longitudinally. She was now placed in bed, a catheter placed in the bladder, and one grain of opium ordered morning and evening. For four days everything went on well; all the urine passing by the catheter, appetite good, pulse normal, and abdomen soft. On the 5th she was taken with a severe chill, followed by headache, vomiting, and mental aberration. As she had suffered from chills before entering the hospital, it was hoped this might be nothing more than a return of the intermittent attack, and accordingly quinine was prescribed in antiperiodic doses.

6th. Vomiting continued; bowels loose; delirium increased; eyes inflamed; tongue dry and crisped. Lime water and milk administered; also camphor water, with liq. morph. sulphatis.

7th. Some abatement of vomiting; stomach retains a little liquid nourishment; bowels very loose, with dyspnoea and a sensation of choking; also some tympany; pulse 100. Beef essence, and an enema of tincturæ opii gtt. L. in a little starch water.

8th. Eruption made its appearance over the

abdomen, resembling that of typhoid fever; belly tympanitic; tongue dry and brown; dyspnoea less; pulse becoming more frequent; twelve of the stitches removed by Dr. AGNEW, with the assistance of Dr. HUNT, the union appeared complete, save a small point at the upper extremity of the wound. The removal was dictated by the feeling, that, possibly, they might have kindled up inflammation, which had extended to the serous lining of the pelvis and abdomen. Ten drops of oil of turpentine, in mucilage, directed every two hours; beef essence; milk punch.

9th. Patient exceedingly exhausted; pulse very frequent; muttering delirium; diarrhoea; enema of laudanum; continue stimulants and nourishment.

10th. Died.

Post-mortem, six hours after death. Adhesions between the margins of the fistula had given way, and were coated with a dirty lymph; no inflammation of bladder or uterus. The viscera of the abdomen were much congested, though not inflamed. Peyer's patches healthy; no signs of ulceration; no peritonitis; no metastatic abscesses. The lungs somewhat congested, (hypostatic); the pulmonary pleura covered with soft lymph. During life, a blowing sound emitted with the first sound of the heart was noticed, but no lesion of the organ appeared on examination. The blood was remarkably fluid. In all probability, had this patient been operated on outside of the hospital, the termination would have been otherwise. A number of cases of pyæmia having occurred in the wards, the atmospheric conditions were beyond all doubt unsafe. The same may be asserted of Case 16.

Case 18. Rose —, an Irish-woman, aged about 33 years, was admitted into the Pennsylvania Hospital in June, 1866, for vesico-vaginal fistula. On examination, a stricture of the vagina was found about the middle of the canal, the opening not exceeding a quarter of an inch in extent. The tissue around was dense, almost cartilaginous in consistence, and the vagina greatly diminished above. It was, of course, impossible to see just where the communication with the bladder existed, but of the fact no doubt existed, as the urine all passed through the vagina. The accident occurred in a first labor, which had been tedious, lasting two days. Thinks no instruments were used. Did not understand anything was wrong. It was of eight years' standing, and had once been operated on by a surgeon without success. Her health was tolerably good, though she was exceedingly nervous. I concluded to vivify the edges of the vaginal stricture,

and unite them with the metallic threads, thus converting the narrow upper part of the vagina and the bladder into a common cavity. This course was resolved upon, as the thickening and extensive rigidity of the vaginal walls would have made the process of dilatation very slow and unsatisfactory. This was accordingly done, and four sutures inserted, secured in the usual way. The bladder was kept drained with the self-retaining catheter, and everything passed satisfactorily until the fourth day, when she complained of great abdominal distension, with severe paroxysms of pain. All of this was due to accumulation of flatus, and nothing seemed to control it. Her appetite failed, and she was harassed with nausea. On the ninth day the stitches were taken out, but no union had occurred. She left the hospital with the understanding she should return, with a view of giving her some preliminary general treatment before another operation should be undertaken.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
October 27, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Ranula.

Miss Lizzie C., æt. 19. She has an affection of the sub-lingual gland, known as ranula, a very unusual disease in a young lady. She has had this trouble only about ten weeks. The tumor, which lies under the tongue, directly in the region of the sub-lingual gland, is perfectly soft and flabby, is painless, and does not interfere in any way with eating or swallowing.

Ranula consists essentially in an obstruction of the excretory ducts of the sub-lingual gland. The saliva is retained, and by pressing upon the walls of the gland a tumor is formed, which bears a striking resemblance to the belly of the tree-frog, hence its name, (ranula, a little frog.) Some suppose, however, that the term ranula is derived from the fact, that when the tumor is enlarged, it encroaches so much upon the mouth as to give rise to a croaking sound of the voice. It is a comparatively rare affection.

If a tumor of this kind be permitted to advance, without any attempt to interrupt its progress, it will ultimately attain a very large bulk, and consequently, by its pressure, may displace the teeth so as to render them oblique or almost horizontal. On the other hand, it may so encroach upon the extremity of the tongue, as to push it up against the roof of the mouth, thus impeding speech, deglutition, and respiration. Again, it may press down against the hyoid bone so as to become perceptible upon the exterior of the neck. It is innoxious in character. It incommodes only

by its bulk, and the pressure it exerts upon the surrounding parts. It is not even the seat of pain when of considerable size.

It is liable to occur at nearly all periods of life. It is seldom, however, witnessed in young subjects.

The tumor is compressible, easily indented, and fluctuates very distinctly. Upon being punctured, there escapes from it an exceedinglyropy or viscid substance, which is nothing but retained saliva in an altered condition. It is the function of the sub-lingual gland in health to throw off a certain amount of saliva constantly in the twenty-four hours. When the ducts by which this excretion is effected, are closed up, the fluid is retained, its watery portions are absorbed, leaving behind nothing but this peculiar thickropy substance.

There are various operations which may be performed for the relief of such an affection as this. One consists in evacuating the fluid, and injecting the dilute tincture of iodine, or a solution of nitrate of silver, sulphate of copper, port wine, or anything of a stimulating nature, the object being, after the evacuation of the contents of the tumor has been effected, to produce adhesive inflammation, by which the contiguous surfaces shall be glued together. Another operation consists in introducing a seton, arming a long needle with thread properly waxed, and depositing it, tying the ends together, and cutting them off close to the knot. In this way the requisite amount of adhesive inflammation is promoted, followed by the obliteration of the sac. Another operation consists in seizing hold of the wall of the tumor, transfixing it with a tenaculum, and then with a pair of scissors, or sharp bistoury, or scalpel, cutting off a considerable portion of the tumor; the contents escape, followed by a collapse of the sac, and by an amount of inflammation which will eventuate in the obliteration of the sac. This is the operation which will be performed here. It is very simple, not painful, and successful. Sometimes it happens, in spite of all precautions and the greatest care, that there is a reproduction of the tumor; a portion of it remains unobliterated, and becomes the starting point of new development.

The anterior prevenient section was snipped off, followed by an instantaneous escape of its contents. The fluid was very viscid.

Large Sebaceous Tumor in an Unusual Situation.

Lizzie R., æt. 22. She has a large tumor upon the back portion of the right side of the neck. It has been there for fourteen or fifteen years. The skin is not particularly discolored; it is perhaps a shade or two more red than the parts around, owing to the pressure of the morbid mass on the skin producing congestion. It is movable, not painful, and came on without any assignable cause. It has a somewhat elastic feel, bordering on the doughy.

A sebaceous tumor is exceedingly uncommon on this portion of the body, and it is larger than a sebaceous tumor usually is; but the exploring needle shows it to be of this character.

The tumor was removed by a perpendicular incision.

Hereditary Syphilis.

Edward M., æt. 13. The vomer, and some portions of the turbinated bones, have been discharged from the nose of this boy. The nose is somewhat deformed. It is curved, the convexity presenting toward the right side, and there is a good deal of swelling on that side. There is unnatural heat, and some discoloration. The nostrils are very small. A bad odor was first noticed last May, and now the emanations are highly fetid. The palate bones are partially destroyed; there is a cavity between the mouth and nose. There is a large ulcer in the soft palate, the bottom of it presenting toward the uvula.

The father, twenty-two years ago, had syphilis.

A solution of acid nitrate of mercury, one part to four or five of water, was applied by means of a small piece of sponge, to the ulcer of the palate. This application ought to be repeated to-morrow, with a weaker solution, and again in forty-eight hours. Two or three applications are always sufficient, provided the local treatment is properly seconded by constitutional. Three grains of iodide of sodium, and one-twelfth of a grain of corrosive of sublimate, were ordered three times a day. The nose should be injected several times in the twenty-four hours, with permanganate of potassa; one-fourth of a grain to the ounce of lukewarm water. Diet should be plain, simple, and nutritious. He should be well protected from the cold; flannel should be worn next the skin.

EDITORIAL DEPARTMENT.

Periscope.

On Dealing with the Pedicle in Ovariectomy.

MR. SPENCER WELLS, at the recent Annual Meeting of the *British Medical Association*, delivered a clinical lecture on the different modes of dealing with the pedicle in ovariectomy. The subject is of importance, in view of the increased favor with which the operation of ovariectomy is received, and the *want of success* which has accompanied not a small proportion of recent cases. Dr. WELLS thus alludes to the use of the cautery:

"The cautery alone would almost certainly fail to stop such large vessels as are frequently met with in a pedicle. So might the *écraseur* alone, or the crushing which precedes division by the *écraseur*. But the combination of crushing and the cautery is certainly efficacious in a considerable proportion of cases. Latterly Mr. BAKER BROWN has published so many cases in which he has successfully secured the pedicle on Mr. CLAY's principle, combining pressure with the cautery, that I have tried it in five cases. Three of the patients recovered, and two died. In three the cautery was alone sufficient to stop all bleeding. Two of these patients recovered and one died. In two others, on opening the clamp, considerable vessels bled, and ligatures had to be applied. One of them recovered and the other died."

In his paper, read before the same Society, and published in full in a recent number of the *British Medical Journal*, Mr. BAKER BROWN concludes with the following remarks, after giving the details of his last thirteen cases:

"The preceding thirteen cases of completed ovariectomy constitute the third series of cases in which the pedicle has been treated by the actual cautery, and of which two series of twelve and eleven have already been given to the profession within the last twelve months, in the *Lancet* and in the Transactions of the Obstetrical Society of London. Of the whole number, thirty-six, five have died; two in the first two series, and three in the third. On analysing these cases, we find, that with one exception, death occurred only in such as had been treated by ligature in addition to the cautery. In this, death was due to hæmorrhage from the site of an adhesion to which neither the cautery nor ligature could be applied. In all the others a ligature had been used in addition to the cautery. I have, therefore, abundant reason to conclude that the cautery is preferable to all methods hitherto adopted; and from the results in other cases, that failure of the cautery does not interfere with the proper application of the ligature, nor lessen the chances of success. I should not omit to say that great care should be exercised in having the clamp properly made; and, it is worthy of remark, that the last case of failure was due almost, if not altogether, to the fact that the roughened surface had been worn down by repeated use, the pedicle being at the same time exceedingly vascular. To avoid this result, the rough surfaces of the clamp should therefore be occasionally renewed.

Fracture of the Patella by Muscular Action. Treatment by a Ring.

Dr. W. A. GIBSON, of St. Louis, reports an interesting case of fracture of the patella in the *St. Louis Medical and Surgical Journal*:

The patient, 35 years of age, had been affected with rheumatism of the knee-joint, from which he had recovered under treatment with iodide of potassium, wine of colchicum, and cod liver oil. In attempting to get into a buggy he felt a sudden shock, as if something had hit him with a stone, on the knee. The patella was found fractured transversely through its middle, the fragments separating about one inch. Dr. GIBSON, discarding the various modes of treatment usually recommended in these cases, had a ring made of iron, well padded with cotton wadding, cut in strips, and wrapped around the ring, over which a bandage was applied. To each side of the ring strips of bandage were sewed. A well-padded splint, twenty-four inches long, was placed to the posterior aspect of the leg and thigh, and secured by a few turns of bandage at the lower and upper ends, loosely, so as not to interfere with the circulation. The two fragments of bone were then brought in apposition, the ring placed around the patella, the strips of bandage tied over the splint, thus securely holding the ring in its place, and keeping the broken bone always in complete apposition. At the expiration of thirty days the

ring was removed, passive motion commenced, and the union found bony and complete. He has now good use of the limb.

The appliance gave the patient not the least pain. Dr. GIBSON is confident that by this simple mode one of the ugliest fractures has been reduced to one of the simplest for treatment.

Comparative Frequency and Varieties of Hernia.

Dr. JOHN L. SULLIVAN writes to the *Nashville Journal of Medicine and Surgery*, giving his statistics of hernia:

Number of men examined, 10,000. Number rejected on account of herniæ, 455; or 45.5 per 1000:

Varieties:	Femoral hernia, right,	1
	" " double,	1
	Umbilical,	6
	Ventral,	9
	Inguinal, right,	234
	" left,	173
	" double,	31
		455

Ventral Hernia Cured by Subcutaneous Incision.

Dr. M. S. GREENE, of Pontiac, Michigan, relates this case. The patient was a little girl, 6 years of age, of frail development, in whom, while at play, the tendon of the *external oblique* muscle, had given way at a point above POUPART'S ligament, and nearly an inch below a line drawn between the anterior superior spinous process upon the left side. The rent thus formed was nearly or quite an inch in length, and soon became almost as wide, admitting a protrusion of the omentum equal in bulk to a large sized orange. Though reducible at first, it was impossible to retain the protrusion and various devices of local pressure, etc, which were tried for the purpose of retention, failed.

The case thus remained for a period of about six weeks, when the tumor, which for some days had been growing sensitive and painful, began to threaten suppuration in its integumentary covering and called for immediate attention. The hernia was now found to be irreducible from induration of the columns of its ring, and the tumor fluctuating from effusion external to the sac, consequent upon partial strangulation. This effusion was shown by the exploring needle to be sero-purulent, and amounted to a considerable quantity. This was evacuated through a small valvular puncture, made opposite the inferior margin of the ring, and then a narrow probe-pointed bistoury guided by a small grooved director was carried down to the strictured opening, avoiding the hernial sac, and after entering the abdominal cavity, was made to cut its way out so as to relieve the stricture at its lower border. By this operation complete reduction was effected. Then the knife, guided as before, was again inserted, and passed around the entire circumference of the ring, in such a manner as to pare and irritate its thickened edges. This done, the thigh was flexed upon the pelvis, and

so retained by being placed upon a double-inclined splint. The longitudinal edges of the tendinous rent were then brought near together, and the approximation completed by antagonistic compresses, adhesive strips and bandages. The result was a radical cure.

Ether Spray in Strangulated Hernia.

Dr. JOHN BARCLAY, reports in the *Brit. Med. Journal*, a case of strangulated hernia, in which reduction was accomplished after the use of ether spray. The pain induced by the most gentle handling of the hernial tumor was so intense, that Dr. B. had to desist from taxis. Having brought with him RICHARDSON'S ether spray apparatus, thinking it might be useful in lieu of ice,—it was determined to invert the patient, apply the ether spray short of freezing the skin, then to attempt the reduction, and, if failure was the result, to operate by the knife.

The head and shoulders then being supported on the floor by some pillows, and the buttocks raised as much as possible against an inclined plane, extemporized by an inverted bedroom chair, the ether spray was directed in the usual way on the swelling, for about forty seconds, when a minute spot of skin appeared white. The spray was at once removed, and on applying the fingers of the left hand on the swelling for about two seconds, accompanied by the most trifling pressure, plump up (or rather down) went the hernia, to the great delight and satisfaction of all. The man made a first rate recovery.

The Use of Glycerine.

A German chemist named PUSHER, a native of Nuremberg, reported to the Trades Union of that place, that he met with great success in using glycerine together with glue. While generally, after the drying of glue, the thing to which it is applied is liable to break, tear, or spring off, if a quantity of glycerine, equal to a quarter of the quantity of glue, be mixed with it, that defect will entirely disappear. PUSHER also made use of this glue as lining for leather, for making globe frames, and for smoothing parchment and chalk paper. He also used it for polishing, mixing wax with the glycerine, and using it as an underground for laying on aniline red color. The red was found to exceed all others in which glycerine is not used. The glycerine has also some properties in common with India rubber, for it will blot out pencil marks from paper, so as to leave no mark whatever.

A paste made of starch, glycerine, and gypsum, will maintain its plasticity and adhesiveness longer than any other known cement, and does therefore recommend itself for cementing chemical instruments, and apparatus used by pharmacists.—*Journal of Applied Chemistry*.

—OSMOTIC PROCESS FOR SEPARATING SUGAR.—

In France, sugar has been lately separated from beet molasses by applying the osmose principle. The membrane used is paper-parchment. Water is passed upward, and molasses downward, on opposite sides of the membrane.

Reviews and Book Notices.

Diseases in the American Stable, Field, and Farm Yard; Containing a Familiar Description of Diseases, their Nature, Cause, and Symptoms; the most approved Methods of Treatment, and the Properties and Use of Remedies, with Directions for Preparing them. Expressly adapted for the Amateur, Farmer, and Breeder. By ROBERT M'CLURE, Principal of the Merchant's Veterinary College of Philadelphia, Consulting Veterinary Surgeon to the Philadelphia Society for the Promotion of Agriculture, and Medalist to the United States Agricultural Society. Philadelphia: Published by the Author, 807 Filbert Street. 1866. 8vo., pp. 414. Price, \$5.00.

We have formed a not very exalted estimate of the present state of veterinary knowledge in this country, or we would hardly be able to say that this work will render very useful service. It is said to be intended specially for the amateur, farmer, and stock-breeder; at the same time expecting to be of use to the veterinary surgeon; "although," it is added in the preface, "some of the doctrines may appear novel to him." The author's confidence, either in his own judgment, or in that of his selected authorities, takes sometimes the shape of dogmatism. As, thus (p. 13):

"The antiphlogistic plan of treating disease was derived from a theory now entirely exploded, and almost forgotten. Repeated bleeding, blistering, physic, and starving on low diet, are some of the measures entering into the general plan which has destroyed more life and property than all the wars, ancient or modern. Bleeding, in domestic practice, is almost discarded, and in veterinary practice it should never have been employed."

As to "domestic practice," WOOD, in this country, and WEST abroad, representing conservative, and AITKEN, progressive medicine, with many other of the *greatest* authorities, view the comparative disregard of blood-letting as a transitory phase of medical opinion and practice. We make bold, without having had a large field of observation in "animal medication," to believe precisely the same in regard to it there.

Some approach to the pedantic in style sometimes forms an exception to our author's generally clear and energetic English. Referring to the heading "Rinderpest," the following paragraph is found (p. 348):

"This is the Dutch name of cattle plague. So much am I against such ignorant and unmeaning names being used by persons you would insult, if they knew that you had but a poor opinion of their scientific attainments. The disease will be

found treated of under the article Typhus Contagiosus Boum (contagious typhus of cattle)."

So technical a writer might to advantage have more solicitously corrected his own MS., or proof, and thus avoided such occasional errors as are left—as, for instance, in the article on Glanders (pp. 94, 95), the expression, "there is *one phenomena* never absent in this disease;" again, "which explains the reason why horses with a cold terminates in glanders." And, what is meant (p. 92) by naming Prof. POLLI's theory of arresting zymotic fermentation "a new *intero* chemical doctrine"?

We will not prolong these criticisms upon a book not professedly written for scientific men. For the general reader it contains, as we have said, or implied, a great deal of useful information. To the medical man also, in regard to the horse, there are many things which it may be useful for him to know, not mentioned in his own text books. We are not sure that this is the very best work for reference upon such subjects; but perhaps none of like size and price is more convenient for it.

As a matter of opinion, we may notice that Prof. MCCLURE has great faith in the use of sulphites, especially the sulphite of soda, in cattle-plague, glanders, and farcy. Farcy, by the way, he calls (p. 65) the "the scrofula of the horse." Still he considers it, not quite in accordance with the ordinary views of pathologists, "nothing more nor less than the effects of a class of pathogens called ferments, leavens, or zamins, acting and producing fermentation in the blood."

Clinical Observations on Functional Nervous Disorders. By C. HANDFIELD JONES, M. B., Cantab.; F. R. C. P., Lond.; F. R. S.; Physician to St. Mary's Hospital. Philadelphia: HENRY C. LEA. 1867. 8vo., pp. 345.

After its periodical reprint with the "Medical News," Mr. LEA has issued this book in a neat volume. It is well worth reading; as the work of a first class scientific mind, busily engaged in observation as well as reflection. The disorders it considers are among the most frequent and important, as well as often obscure and difficult to treat. No one can read these pages without finding something suggestive and valuable.

What the author himself indicates as most worthy of attention are, the recognition of primary paresis (*i. e.*, functional debility without structural lesion) of nervous centres, and its distinction from reflex paralysis, the numerous illustrations of vaso-motor nerve disorder, the theory of inhibitory action, the remarkable affinity between paralysis, spasm, anæsthesia, and

neuralgia, the different quality of nervous disorder, apparently of the same kind, in different instances, the intimate relation of neuralgia in most instances to debility, and the importance of an accurate adjustment of remedies to each individual case.

It must not be supposed, from the recondite nature of some of these subjects, that Mr. JONES has considered them merely in a speculative manner. His *data* are chiefly clinical, and his aim eminently practical. Few writers have better illustrated the possible combination of rationalism with empiricism in therapeutics. Mere practitioners, with no thought beyond the bed-side, may read his cases and conclusions, and especially his thoughtful analysis of the action of remedies in neuroses (pp. 315-335), with great advantage. A philosophic reader will find matter worthy of rumination and digestion in all parts of the book.

Hardly anything in it is more interesting than the consideration of the effects of opium, belladonna, and digitalis. As to opium, he remarks (p. 324) that "by stimulating the vaso-motor nerves it produces contraction of arteries, and thus lessens the flow of blood to various parts. Hence the skin of the face and head in opium narcosis becomes pale and cool, while the brain, more or less deprived of blood, lapses into sopor. Hence also hyperæmias, hemorrhages, and morbid exudations are arrested, and even natural secretions restrained. These instances seem to me almost conclusive; if opium did not contract arteries, how could it arrest uterine hemorrhage?"

Of digitalis, Mr. JONES observes that the advantage of giving it in large doses in asthenic delirium tremens has been sufficiently proved. It is tonic or roborant to an enfeebled heart, although, probably by a kind of oppression, lowering the action of a vigorous one. A case is cited, in which a woman *in articulo mortis*, from flooding after child-birth, was restored, after brandy and ether had failed, by hourly doses of half a drachm of tincture of digitalis, continued for seven hours.

The striking modifications of our old-time views of the action of this remedy, illustrate the need of more investigation into *positive therapeutics*. As Mr. JONES writes: "While duly estimating morbid anatomy and minute physical diagnosis, I cannot but reiterate the wish I have several years ago expressed, that we were more earnest in inquiring into the working of our means of cure, and gaining a more thorough mastery over them." In the present work he has made a valuable contribution toward this object.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, DECEMBER 8, 1866.

THE INTERNATIONAL MEDICAL CONGRESS.—THE QUESTIONS FOR DISCUSSION.

In the last number we give *in extenso* the Statutes and Programme of the International Medical Congress to be held in Paris next summer. That document, as we have received it from the Secretary-General, Dr. JACCOUD, is accompanied with a Commentary by the Committee, in which attention is called to the importance of the questions which are to come before the Congress, and also to the main points which it is desirable should be elucidated, and the facts which it is the object to establish by the conjoined labors of the Congress. We will lay before the reader this Commentary of the Committee, with such few remarks as they may suggest.

The first subject is: *The pathological anatomy and physiology of tubercle.—Tuberculization in various countries, and its influence on general mortality.*

On this, the Committee remark as follows:

"But a few years ago, it seemed that the anatomico-pathological history of the lesion known under the name of tubercle, had been completely determined: the mode of development, the anatomical seat, and the consequences of this morbid change appeared well established.

"Assertions, recently advanced, and which are far from being conformed with, or generally accepted, have raised doubts and originated hesitancy, relative to the pathological anatomy and physiology of tubercle.

"It would be useful to know, whether the sufficiently-marked differences of opinion, which exist, in this respect, among observers, may be owing to differences arising from the circumstances under which this morbid change is developed, or whether they only result from a varied interpretation of identical facts.

"It should hence be inquired:

"Whether there really exists a special production, or even *specific*, which can be considered as characteristic of tubercle?

"What is the precise mode of formation of this pathological change?

"Finally, whether it has an exclusive pathological seat, determined and identical in all the organs?

"In these researches, it is desirable that anatomical and histological demonstration should

occupy a larger scope than theoretical interpretations and doctrines, and that personal impressions or speculative deductions should not be substituted for rigorous experimentation and observation.

"The exact value, too, and the character of certain alterations, which by some observers are considered of tubercular nature, while others view them as arising from a truly inflammatory process, should be determined as precisely as possible.

"As it is seen, the question is mainly regarding that form of morbid change which has been designated by certain authors by the term '*caseous pneumonia*'—'*pneumonic caseuse*.'

"Is it really possible to inoculate tubercle in the manner of virulent diseases? This question, raised in these latter days, demands yet a solution, to which the labors which the Congress solicits, may contribute.

"As to the second part of the question, the etiological conditions which, in different countries, are considered as having an active and preponderating influence, should be determined before everything else.

"The influence of age, sex, climate; that of different races, social habits, beverages, aliments; of special industrial employments in localities where observation has been made; finally, the influence exercised by antecedent or coincident maladies, are the other particular points to which attention should be directed.

"In studying these diverse questions, with the aid of materials of direct observation, which each can dispose of personally, science will certainly be much more promoted than in accumulating, on these various subjects, quotations and hypotheses.

"The most common symptomatic forms in this or that locality are quite important to be well specified, as also the most frequent complications, and the influence which they may exercise on tuberculization, either in hastening or retarding its march.

"It is equally desirable to study, in various countries, the influence which tuberculization may exercise on the development, the symptomatic form, the march, and more especially, the termination of other maladies.

"This will at once be a means of learning 'the influence of tuberculization on the general mortality in different countries,' a question, the importance of which is not doubtful, if the ravages which this affection makes among populations is considered.

"It is very important, and this point cannot

be too earnestly insisted upon, that the documents sent with the object of studying these various questions, should be as exact as possible. All records, even, and perhaps before all, *official statistics*, should be submitted to a rigorous examination, before accepting them to the title of materials of positive value."

So far the suggestions of the Committee, which are short, but to the point. If they are carried out, a complete natural history of tubercular disease will be one of the results of the labors of the Congress. What we wish is, that to the settlement of this, as well as all other questions which shall come before the Congress, American science shall contribute its share. Here an opportunity is offered to some of our able workers with the microscope, our pathologists, our medical statisticians and sanitarians, to show that science in this country, in spite of the many material drawbacks, is not in such a primitive state of development as our brethren across the Atlantic are in the habit of thinking.

In our next, the subject will be further considered.

Notes and Comments.

Visiting Lists for 1867.

Those wanting Visiting Lists for 1867 should send in their orders *immediately*, that we may send them out before the first of January.

See second page of cover for commutation prices.

We would also call attention to the announcement of the Physician's *Daily Pocket Record* in our advertising columns, which we think will be found to be the most complete visiting list that has yet been issued. We expect to have it ready to send out before the first of January.

The *Record* is intended for thirty-five patients on a page, and there is space for memoranda for each day.

Those ordering visiting lists, will please designate the kind they want, as the RECORD, LINDSAY & BLAKISTON'S, or TOWNSEND'S HAND-BOOK.

Priced Catalogue.

Our *Priced Catalogue* is now ready. Physicians will find this useful for reference in regard to the works published on any subject in medicine or the collateral sciences, and their prices; also the prices of many surgical instruments, and other appliances and articles useful to the practitioner.

Willamette University, Oregon.

We have received the Circular of the Medical Department of Willamette University, located at Salem, Oregon. It has a full corps of eight professors, as follows: H. CARPENTER, M. D., Civil and Military Surgery; E. R. FISKE, M. D., Pathology and Practice of Medicine; J. B. BOSWELL, M. D., Obstetrics and Diseases of Women and Children; J. H. WYTHE, A. M., M. D., Physiology, Hygiene and Microscopy; D. PEYTON, M. D., Materia Medica and Therapeutics; J. W. McAFEE, M. D., Chemistry and Toxicology; A. SHARPLESS, M. D., Descriptive and Surgical Anatomy; Hon. J. S. SMITH, Medical Jurisprudence. W. C. WARRINER, M. D., is Demonstrator of Anatomy.

There are now two medical colleges on the Pacific coast—one at San Francisco, California, and one at Salem, Oregon. It is a beginning, we hope, of better things for our profession, in that once distant, but now, through the influence of telegraphs and railways, comparatively neighborly region.

Correspondence.

FOREIGN.

The Cholera.

DUBLIN, November 10th, 1866.

EDITOR MEDICAL AND SURGICAL REPORTER:

The cholera continues its ravages through these countries. The deaths from this disease in Dublin for the weeks ending October 20th and 27th, and November 3d, have been 118—118—93, respectively. The disease, however, seems to be on the decrease in this city. In England it has appeared in many more of the provincial towns, and in Edinburgh is prevalent to a serious extent. On the Continent of Europe the ravages seem to have been greatest in Austria, where the mortality up to the present is stated to have been 200,000; a great part of which seems to be owing to the misery caused by the late war. Cholera has appeared in Sicily, and is at present prevalent in Messina.

Diminution of Families in France:

The following statement, copied from the *Lancet*, is of considerable interest, as showing the increase of the peculiar methods of preventing the growth of families in France. The *Lancet* says, Mons. HUSSON has just made a statement at the Imperial Academy to the effect, that formerly five children might be counted for each marriage in

France; in the commencement of the present century that number fell to four—and now each marriage hardly produces three children in the country, and in Paris, but two.

New Method of Treating Epithelial Cancer of the Cervix Uteri.

A new mode of treating epithelial cancer of the cervix uteri and uterine cavity, was brought before the Obstetrical Society of Toulon at their last meeting, by Dr. ROUTH, who detailed two cases where he had used a solution of bromine, five minims to fifty of spirits of wine, (rectified spirit,) as a local application. In one case at the cervix, after the use of the actual cautery, for the repression of hæmorrhage; and in the other to the inner surface of the uterus, after the removal of a cauliflower excrescence by means of the *écraseur*; both these cases proved successful. Dr. ROUTH admitted the cases were inconclusive as to the real value of the remedy, but thought them sufficient to warrant a fuller trial.

Spotted Fever—Varieties of Fever.

As I have seen in your issues of September 1st, October 6th and 20th, (just received,) reference to a disease which seems to be new to many of your physicians, namely, that termed "Spotted Fever," perhaps I may be allowed to make a few remarks with regard to a disease—or more correctly speaking—several diseases, which your physicians have lately met with.

The disease, or diseases, mentioned in the REPORTER as "Spotted Fever," are very familiar to our profession in these countries, and most familiar to Irish physicians.

As I happen to be attached to an hospital especially devoted to the treatment of febrile diseases, "Spotted Fever" has come particularly under my notice. There are four varieties, (many consider them to be distinct species,) of what are termed continued fevers, recognized in these countries, namely, simple continued fever, or febricula, typhus fever, typhoid or enteric fever, and relapsing or famine fever. Of these the first varies from mere feverish conditions, scarcely deserving the name of a disease, to typhus without spots. The second and third varieties are both spotted fevers, but the spots differ very much in each variety, as do also those cases where the diseases run separate courses, which, however, is not always the case. The fourth variety, or famine fever, is a disease essentially produced by want, and differs little, if at all, from typhus, except in its tendency to recur several times after the patient has apparently arrived at convalescence. The second and third varieties are those especially which I wish to refer to, as

coming under the head of spotted fevers. The typhus makes its invasion as described in the REPORTER, by Dr. SMITH, of Cooperstown, N. Y., as a general malaise, commencing with a shivering fit, followed by hot skin, great uneasiness, headache, pains in the bones, and perhaps sickness of stomach. A mottled condition of the skin shows itself on, or a little after the seventh day; this mottling gradually passes into well-marked purple spots, which become darker and darker, and gradually less influenced by the pressure of the finger, until the disease attains its height. The patient often becomes delirious, and in many bad cases, comatose; a pulling of the bed-clothes, and subsultus tendinum are present as symptoms. The tongue at first is usually covered with a whitish fur, gradually becoming brown, and in the worst cases black; in which case the patient is unable to protrude it. The pulse becomes very weak, and in bad cases almost imperceptible to the touch. The bowels are usually confined.

In the third variety of continued, or second form of spotted fever, known as typhoid, or enteric, the invasion of the disease is usually slower than in typhus, but accompanied by similar symptoms; the patient, however, is usually able to go about longer than at the commencement of typhus, although the pulse is quick, and the temperature high. The spots in this variety are smaller than in typhus, of a bright-red color, and always disappear upon slight pressure of the finger, are few in number, (sometimes only two or three,) and appear in successive crops, whereas all those of typhus usually appear together, and fade together. The brain is less affected than in typhus; the tongue is red, and too clean. The distinguishing characteristic of the disease is the peculiar and well-marked diarrhoea, the discharges resembling pea-soup. There is always pain and gurgling upon pressure, in the right iliac region. The disease is always accompanied with ulceration of Peyer's glands, which is the cause of the pain and diarrhoea. It should be remarked that the spots may be absent in either of those forms of spotted fever.

Another complaint appears to have been confounded with spotted fevers by your contributors, viz., cerebro-spinal arachnitis—Dr. SMITH thinking them one and the same. Cerebro-spinal arachnitis has appeared in this country on several occasions, as an epidemic, quite independent of typhus or typhoid fevers, but it is a frequent complication of typhus, especially among children. Those cases described by your contributors as accompanied with stiffness and rigidity of muscles, and tetanic spasms, are cases of cerebro-

spinal arachnitis, or that disease as a complication of typhus.

It will be found that typhus and typhoid fevers are often mixed in the same patient, both kinds of spots being present, or else typhus spots with typhoid diarrhoea.

On a due discrimination of these different forms of disease will depend the treatment to be pursued. Typhus fever will generally require stimulant treatment, but this must be regulated entirely by the state of the pulse. If the head symptoms are severe, shaving the head, applications of cold to the temples, will be found usually to succeed in alleviating them. Typhus generally runs a course of three weeks, or a month.

In typhoid, or enteric fever, the diarrhoea is the chief thing to be controlled. The best modes of combating this are sulphuric acid, two drachms of the dilute acid of the British Pharmacopœia, to eight ounces of camphor-water, an ounce every two or three hours. If this does not succeed, morphia may be combined with it. A blister should always be applied to the right iliac region. Stimulants will often also be required in these cases. The duration of typhoid cases is much longer than of typhus, often extending to six weeks, two months, or even more. These are the cases your contributors have described as running such long courses.

Cases of arachnitis should be treated with leeches to the head, (behind the ears and to the temples,) to the back of the neck, and blisters in the same localities. Stimulants will often be found useful and necessary. Iodide of potassium, introduced to the notice of the profession by Dr. HENRY KENNEDY, of this city, will be found of great service in the treatment of arachnitis. It should be administered in four-grain doses every two or three hours.

I have no doubt that your readers will find these remarks, upon diseases well-known and common in these countries, of interest, and will not fail to utilize the experience of some of our greatest fever doctors, which I have endeavored to epitomize in this letter.

T. W. G.

DOMESTIC.

A Set of False Teeth Swallowed and Passed through the Bowels.

EDITOR MEDICAL AND SURGICAL REPORTER:

A few weeks ago, I was summoned in haste to see Mr. W., a respectable resident of this city, and found him much agitated, and suffering acute pain in the stomach. He is subject to epileptic fits, and stated, that on the previous evening, just before retiring for the night,

he had an attack, which lasted ten minutes. After recovering, he suffered considerable pain in the throat, which was soon transferred to the chest, and then to the stomach, where it still continued. He did not feel alarmed until in the morning, when, on search being made for his *false teeth*, they could not be found, and he had now become convinced, that while in the fit, he had swallowed them.

The teeth, seven in number, four on the right, and three on the left of the incisors, (which latter were sound and in their places,) were on a gold plate, extending almost entirely around the upper jaw, and were kept in position by means of clasps embracing a molar on each side. These clasps, extending only about three-quarters around the two teeth, were of course open, presenting tolerably sharp prongs at each extremity of the plate, rendering them liable to catch and effect a lodgment in the intestines.

These statements being corroborated by his family, I concluded he had swallowed the teeth, and recommended a course of mild cathartics; meantime to abstain from solid food, and drink abundantly of soups, broths, and slippery-elm water.

I heard nothing more from the patient for several weeks, when being called to see another member of the family, I learned, that about a week after my former visit, he had passed the plate and teeth entire, and was now wearing them. The trip through the *primæ viæ* not having changed their form, or impaired their usefulness.

He stated, that as the plate advanced, he suffered severe pain at different points in his bowels; and that on such occasions, he would lie down, change his position, and manipulate the abdomen until the pain ceased.

I send you this statement of the case, thinking it might interest some of your readers, and as showing how formidable an obstacle may be received into the stomach, without producing any serious disturbance.

THOMAS GALT, M. D.

Rock Island, Ill., Nov. 23d. 1866.

— TO DETECT SULPHURIC ACID IN VINEGAR.—A German journal publishes a neat process, which may be thus briefly stated. Into the vinegar to be tested, put a small quantity of starch, boil the solution down to half its original measure, then drop into it a very minute portion of iodine. If the vinegar is pure, the usual blue tint will be shown; but if it be adulterated with sulphuric acid, no such coloration will take place, because the action of this acid upon starch converts it into glucose or grape-sugar.

News and Miscellany.

Value of Insects.

Great Britain pays annually \$1,000,000 for dried carcasses of that tiny insect known as the cochineal; while another—also peculiar to India—gum shellac, or rather its production, is scarcely less valuable. More than 1,500,000 human beings derive their sole support from the culture and manufacture of the fibres spun by the silk worm, of which the annual circulating medium is said to be \$200,000,000. In England alone—to say nothing of the other parts of Europe—\$500,000 are spent every year in the purchase of foreign honey, while the value of that which is native is not mentioned, and all that is the work of the bee; but this makes no mention of 10,000 pounds of wax imported every year. Besides all this, there are the gall-nuts, used for dyeing and making ink; the cantharides, or Spanish fly, used in medicine. In fact, many insects are contributing in some way—directly or indirectly—in swelling the amount of our commercial profits.

— **PREPARATION OF OXYGEN.**—A new process has been patented in France, for obtaining a supply of oxygen gas from common air, by means of highly oxygenated compounds, such as chromates and bi-chromates, manganates and permanganates, which, if deprived of a portion of their oxygen by means of steam, have the power of absorbing oxygen again, when exposed to a current of dry heated air. The improvement consists in making the action continuous, by placing in a retort one of the compounds mentioned, and passing into the retort a current of steam. A current of oxygen is carried off and collected in a gas-holder, while the steam is condensed to water. When oxygen has ceased to be eliminated, a current of dry heated air is forced into the retort. The compound absorbs a portion of oxygen, and is again ready for the action of steam. Thus by the alternate action of air and steam, the same compound produces oxygen for an unlimited period. The process is said to work with great regularity, and may yet be of considerable importance in metallurgy.

— **OZONE.**—Mr. G. PLANTE, in a note to the French Academy, states that fifty per cent. more ozone is produced in the electrolysis of water, when the poles are of lead, than when they are made of platinum. He conjectures the increase is the result of the secondary action of a layer of oxyd on the electrode.

— **DR. ISAAC COMLY**, formerly of Byberry, has accepted the position of Professor of the Theory and Practice of Medicine in the Female Medical College of Pennsylvania.

— **RHEADINE.**—HESSE has discovered a new alkaloid in the red poppy; it is also found in good opium. It is soluble in water, alcohol, and ether, and crystallizes from the last in white prisms.

— **ROSTAN**, one of the medical celebrities of Paris, died on the 4th ult., at the age of 76.

METALLIC SPECTACLES.—M. FOUCAULT recently communicated to the French Academy of Sciences the fact that the sun may be viewed through a lens covered with silver leaf. The sun's disc, shorn of its beams, can thus be clearly seen. Subsequently, M. MELSCIUS made a useful application of FOUCAULT's discovery. Having been injured while making an experiment in the laboratory, his eyes were painfully affected by light. In this condition, he had recourse to spectacles with black glasses, such as are used by engine-drivers; over these he put green glasses, which answered pretty well; but on further experiment, he found the best method was to use pale-blue goggles covered with silver or gold film, and these he recommends to all persons troubled with weak eyes.

— **SIDNEY SMITH's** daughter **SABA**, second wife of Sir **HENRY HOLLAND, Bart.**, Physician-in-Ordinary to the Prince-Consort, and afterward to the Queen, has recently died. She was the authoress of a life of her father.

MARRIED.

JOHNSON—REYNOLDS.—October 10, 1866, in Licking co., Ohio, by Rev. H. C. MacBride, A. M., Isaac U. Johnson, M. D., and Miss Lucetta Reynolds, both of Reynoldsburg, Franklin co., Ohio.

MERRILL—McCLEARY.—Nov. 15th, by the Rev. Dr. Watson, Jesse Merrill, Esq., of Lock Haven, Pa., and Miss Julia J., daughter of Dr. Wm. McCleary, of Milton, Pa.

ROBINSON—MURPHY.—Nov. 13th, by the Rev. T. M. Crawford, Robert K. Robinson, M. D., of Fawn, Pa., and Miss Abbie M., second daughter of John A. Murphy, Esq., of Chanceford, York county, Pa.

ROOT—FENNO.—In Manchester, Mich., Nov. 1st, by Rev. J. Gordon Jones, B. F. Root, M. D., and Miss Emily R. Fenno.

DIED.

CROTHER.—In this city, November 20th, of pneumonia, Charles Somers, infant son of Dr. A. J. and Marie Antoinette S. Crotzer, aged 10 months and 7 days.

GREEN.—On Thursday, November 20th, 1866, at Sing Sing, N. Y., Dr. Horace Green, of New York city, aged 64 years.

HOPKINS.—In Newport, Vt., November 15th, Charles Henry, infant son of Dr. and Mrs. T. H. Hoskins, aged 2 months.

ILER.—November 11th, of consumption, in the 43d year of her age, Mrs. Margaret J. Iler, wife of Dr. Iler, of Blue Ball, Ohio.

LAMB.—In Lawrence, Mass., November 27, Caroline Augusta, wife of Dr. Wm. D. Lamb.

PARKERFORD.—In Honolulu, Sandwich Islands, Nov. 19th, Dr. Seth Parkerford, a native of Connecticut, and a distinguished citizen.

WHARTON.—Suddenly, in Nashville, Tenn., on the 1st inst., of paralysis of the heart, Dr. S. L. Wharton.

WHITMAN.—In North Chel-sea, Mass., Nov. 22, Mrs. Martha Whitman, wife of Dr. E. F. Whitman, aged 39 years, 7 months, and 18 days.

METEOROLOGY.

November,	19,	20,	21,	22,	23,	24,	25,
Wind.....	W.	S. E.	W.	E.	W.	N. W.	N.
Weather.....	Clear.	Cl'dy.	Clear.	Rain.	Cl'dy.	Clear.	Clear.
Depth Rain....							
<i>Thermometer.</i>							
Minimum.....	36°	39°	35°	30°	27°	24°	25°
At 8 A. M.....	44	55	46	39	37	34	37
At 12 M.....	55	57	50	44	42	38	39
At 3 P. M.....	56	58	51	43	38	36	39
Mean.....	47.75	52.25	45.50	39.	36.	33.	35.
<i>Barometer.</i>							
At 12 M.....	30.	29.7	30.	30.	30.	30.2	30.4

Germantown, Pa.

B. J. LEEDOM.